

Rental Agreement	RS
Billing Period: <input type="checkbox"/> Monthly <input type="checkbox"/> Term to return date	RETURN DATE

Direct All Payments and Enquiries to:

- | | | | |
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| <input type="checkbox"/> 925 BLOOR ST.W., TORONTO, ON M6H 1L5
TEL: 588.7886 FAX: 532.9708 | <input type="checkbox"/> 1801 WALKER RD., WINDSOR, ON N8W 3P3
TEL: 252.3442 FAX: 252.4002 | <input type="checkbox"/> 10204-107TH AV., EDMONTON, AB T5H 4A5
TEL: 423.4448 FAX: 425.6623 | <input type="checkbox"/> 2215 COQUITLAM AV., PT.COQUITLAM, BC V3B 1J6
TEL: 464.1011 FAX: 464.1109 |
| <input type="checkbox"/> 2777 STEELES AV.W., NORTH YORK, ON M3J 3K5
TEL: 663.8612 FAX: 663.8683 | <input type="checkbox"/> 651 STAFFORD ST., WINNIPEG, MB R3M 2X7
TEL: 284.8992 FAX: 452.2303 | <input type="checkbox"/> 2301 GRANVILLE ST., VANCOUVER, BC V6H 3G4
TEL: 734.4886 FAX: 736.4321 | <input type="checkbox"/> 305-6339 200TH ST., LANGLEY, BC V2Y 1A2
TEL: 530.8704 FAX: 530.8725 |
| <input type="checkbox"/> 1133 MARKHAM RD., SCARBOROUGH, ON M1H 2Y5
TEL: 439.8001 FAX: 439.4789 | <input type="checkbox"/> 1445 McINTYRE ST., REGINA, SK S4R 8B5
TEL: 569.8501 FAX: 525.0132 | <input type="checkbox"/> 412 W.HASTINGS ST., VANCOUVER, BC V6B 1L3
TEL: 682.5288 FAX: 682.2051 | <input type="checkbox"/> 2612 QUADRA ST., VICTORIA, BC V8T 4E3
TEL: 384.3622 FAX: 384.0716 |
| <input type="checkbox"/> 380 SIMCOE ST.S., OSHAWA, ON L1H 4J3
TEL: 434.1612 FAX: 725.1501 | <input type="checkbox"/> 437-2ND AV.N., SASKATOON, SK S7K 2C1
TEL: 664.1966 FAX: 652.3032 | <input type="checkbox"/> 1615 LONSDALE AV., N.VANCOUVER, BC V7M 2J5
TEL: 986.0911 FAX: 986.3119 | <input type="checkbox"/> 911 FORT ST., VICTORIA, BC V8V 3K3
TEL: 385.3413 FAX: 385.3665 |
| <input type="checkbox"/> 370 MAIN ST.N., BRAMPTON, ON L6V 4A4
TEL: 450.4334 FAX: 450.6935 | <input type="checkbox"/> 105-58TH AV.SW., CALGARY, AB T2H 0A4
TEL: 244.5555 FAX: 229.9682 | <input type="checkbox"/> 10560 KING GEORGE HWY., SURREY, BC V3T 2X3
TEL: 588.9421 FAX: 588.9420 | |

PARENTS FIRST NAME: _____	PARENTS LAST NAME: _____	PARENTS HOME PHONE: _____	TODAYS DATE: _____
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PARENTS ADDRESS: _____	APT: _____	CITY: _____	POSTAL CODE: _____	HOW LONG AT ADDRESS: _____
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PARENTS EMPLOYER: _____	BUS.PHONE: _____
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DRIVERS LICENCE #: _____	OTHER I.D.: _____
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IF FOR ANY REASON THE RENTAL BECOMES 3 DAYS OVERDUE, LONG & McQUADE MAY CHARGE ADDITIONAL RENT FOR THE SAME PERIOD AS THE ORIGINAL CONTRACT TO MY CREDIT CARD. IF THE RENTED ITEMS ARE RETURNED EARLY, THEN THE FEE WILL BE ADJUSTED TO THE CORRECT RENTAL RATE. INITIAL: _____

VISA OR M/C #: _____	EXPIRY DATE: _____	INITIAL: _____
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SCHOOL: _____	TEACHERS NAME: _____
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STUDENTS FIRST NAME: _____	STUDENTS LAST NAME: _____	STUDENTS HOME PHONE IF DIFFERENT THAN ABOVE: _____
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STUDENTS ADDRESS IF DIFFERENT THAN ABOVE: _____	APT: _____	CITY: _____	POSTAL CODE: _____
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CONTRACT:	DATE CODE:	SERIAL #:	VALUE:	RATE:
I have rented and received from Long & McQuade Limited as catalogued:				
<input type="checkbox"/> School Delivery <input type="checkbox"/> Rental Customer Protection: \$ _____	TOTALS:			

I accept responsibility for the goods described above as well as any other rental items which I have received, or will receive in the future not listed on this agreement but listed on a signed cash register receipt. I have paid a deposit of \$_____ which will be returned to me without interest if the items rented are returned in good condition on or before the date specified.

Customer Signature: _____

Customer Protection Plan:

If the instrument is lost, stolen or damaged I understand that Long & McQuade will provide a replacement instrument. A 25% deductible based on our everyday low selling price will apply.

Renewal Options:

If you wish to extend the rental you may do so in person, by mail or over the phone. All rentals may be extended for the same period at the rate set at the time of the rental. Payment options are cash, cheque, Visa, MasterCard, debit card, electronic banking or pre-authorized payment. Automatic renewal will occur 3 days after the due date.

Summer Renewal Plan:

All school year rentals renewed by June 15th will include the summer at no charge. After June 15th the summer rate will be 10% of the 10 month school year rate. After August 1st the summer rate will be 15% of the 10 month school year rate.

Purchase Options:

If you wish to purchase the instrument, 50% of the rental paid in the first year and 50% of the rental paid in the second year will apply to our already low purchase price.

Monthly Payment Option: VISA MC PAP Post Dated Cheque

If I am paying for this rental through monthly pre-authorized payments, I would like Long & McQuade to debit the following account (please attach void cheque):